F0900001860

(Re	questor's Name)	
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: VILLAGE SQUARE SPECIAL PRODUCTS INC. Name of Corporation	
DOCUMENT NUMBER: F0900001860	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARFISA DEFRANCESCO Name of Contact Person VIIIAGE SWARE SPECIAL PRODUCTS INC. Firm/Company	
455 NE 5TH AVE SUITE D298	
DELRAY BEACH, FL 33483 City/State and Zip Code	SIVIS
E-mail address: (to be used for future annual report notification)	20 40 F0 7.84 240 7.44 240
For further information concerning this matter, please call: HARFISA DEFRANCESCO at 514 1 363-8888	OF STA
MAREISA DEFRANCESCO at 514 363-8882 Name of Contact Person Area Code & Daytime Telephone Number	RATIONS
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of LORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: VIII AGE SQUARE SPECIAL PRODUCTS INC.
2. The principal office address: 455 NE 5TH AVE SUITE D298
DELRAY BEACH, FL 33483
3. The mailing address (if different):
- SAME -
4. Date of incorporation/qualification: 05/06/2009 Document number: F090000\860
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
DAVID F. HANLEY, P.A.
3220 OVERLOOK ROAD
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DAVID F. HANLEY, P.A.
3801 OVER LOOK ROAD
P.O. Box NOT acceptable
DAVIE, FLORIDA 33308
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the change.
X ANNA SHANNON - PRESIDENT. Signature of art fricer of director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
David 7 Hanhy President MARCH 15, 2017.
If signing on behalf of an entity:
DAVID F. HANLEY President

* * * FILING FEE: \$35.00 * * *